

1996

OMB #: 0586-0014

Expires: October 31, 1996

WHAT WE EAT IN AMERICA: 1994-1996

DAY TWO INTAKE QUESTIONNAIRE

PLACE CASE LABEL HERE

SAMPLE PERSON #: | | |

INTERVIEWER NAME: _____

| | | : | | | AM 1
TIME STARTED PM 2

INTERVIEWER ID: | | | |

DATE OF INTERVIEW: | | | - | | | - 19 | | |
MO DA YR

| | | : | | | AM 1
TIME ENDED PM 2

DAY OF INTERVIEW: _____

INTERVIEW CONDUCTED.

IN PERSON 1
BY TELEPHONE 2

FIRST NAME OF
SAMPLE PERSON: _____

DATE OF BIRTH: | | | - | | | - | | | | | |
MO DA YEAR

OR
AGE: | | | | YRS 1
MOS 2

SEX: M 1 F 2

FOR HOME OFFICE USE ONLY

DATE RECEIVED: _____

VERIFIER ID: _____

MC: ____ YES ____ NO

BATCH #: _____

Conducted for the United States Department of Agriculture
by Westat Inc., Rockville, MD

DAY 2

1.



I'd like you to give me the list of everything (you/NAME) had to eat and drink all day yesterday, (DAY), from midnight to midnight. I'll ask you for the detailed descriptions and amounts later. Please include everything (you/NAME) ate and drank at home and away -- even snacks, coffee, and alcoholic beverages. [DO NOT INTERRUPT RESPONDENT. USE HANDCARD I1 IF NECESSARY.]

[IF INFANT OR CHILD SP:] I'd like you to give me the list of everything (NAME) had to eat and drink all day yesterday, (DAY), from midnight to midnight. I'll ask you for the detailed descriptions and amounts later. Please include everything (he/she) ate and drank at home and away, including snacks and drinks (and bottles or breast milk).

[WHEN RESPONDENT STOPS, ASK: Anything else?]

Now I'm going to ask you the specific questions about the foods and beverages you just listed. When you remember anything else (you/NAME) ate or drank as we go along, please tell me.

Use these measuring guides to help estimate amounts or any of your own cups, mugs, bowls or package labels.

WHEN ASKING ABOUT FIRST FOOD RECORDED ON QUICK LIST, GO TO 2b.

- 2a. Did (you/NAME) have (NEXT QUICK LIST ITEM) at (TIME) with (your/his/her) (OCCASION) or was that at another time? [CONFIRM IF OBVIOUS OR IF RECORDED ON QUICK LIST. IF SAME TIME AND OCCASION, SKIP TO BOX 1; IF AT ANOTHER TIME, ASK Q2b.]
- 2b. About what time did (you/NAME) begin to (eat/drink) the (FOOD)? [OR CONFIRM IF RECORDED ON QUICK LIST]
3. Looking at this card, please tell me what (you/NAME) would call this occasion? [OR CONFIRM IF RECORDED ON QUICK LIST]



- | | |
|--------------|-------------------------------|
| 01 BREAKFAST | 06 FOOD AND/OR BEVERAGE BREAK |
| 02 BRUNCH | SNACK |
| 03 LUNCH | ALCOHOLIC BEVERAGE |
| 04 DINNER | OTHER BEVERAGE |
| 05 SUPPER | 07 FEEDING (INFANT ONLY) |
| | 08 OTHER (SPECIFY) |

BOX 1

STEP 1: TRANSFER QUICK LIST FOOD TO THE FOOD/DRINK COLUMN. CHECK OFF FOOD IN QUICK LIST AS IT IS TRANSFERRED.

STEP 2 (Q4): GO TO FIB COLUMN Q4 FOR FOOD PROBES. BE SURE TO REQUEST FOOD LABELS IF RESPONDENT CANNOT ANSWER PROBES IN COLUMN Q4.

STEP 3 (Q5): GO TO FIB COLUMN Q5 HEADING FOR AMOUNT QUESTION.

STEP 4: RETURN TO Q2a FOR NEXT FOOD RECORDED IN QUICK LIST.

INDIVIDUAL INTAKE FORM

Q1		Q2	Q3		Q4
Quick List of Food Items	✓	Time	Occ. (HAND-CARD 12)	Food/Drink and Additions	Description of Food/Drink and Ingredient Amount
A.		a		1.	
B.		p			
C.		a		2.	
D.		p			
E.		a		3.	
F.		p			
G.		a		4.	
H.		p			
I.		a		5.	
J.		p			
K.		a		6.	
L.		p			
M.		a		7.	
N.		p			
O.		a		8.	
P.		p			
Q.		a		9.	
R.		p		10.	
S.		a			
T.		p		11.	
U.		a			
V.		p		12.	
W.		a			
X.		p		13.	
				14.	
				15.	
				16.	

[illegible]

INDIVIDUAL INTAKE FORM (continued)

Q2 Time	Q3 Occ. (HAND- CARD 12)	Food/Drink and Additions	Q4 Description of Food/Drink and Ingredient Amount
a p		17.	
a p		18.	
a p		19.	
a p		20.	
a p		21.	
a p		22.	
a p		23.	
a p		24.	
a p		25.	
a p		26.	
a p		27.	
a p		28.	
a p		29.	
a p		30.	
a p		31.	
a p		32.	

[illegible]

INDIVIDUAL INTAKE FORM (continued)

Q2 Time	Q3 Occ. (HAND- CARD I2)	Food/Drink and Additions	Q4 Description of Food/Drink and Ingredient Amount
a p		33.	
a p		34.	
a p		35.	
a p		36.	
a p		37.	
a p		38.	
a p		39.	
a p		40.	
a p		41.	
a p		42.	
a p		43.	
a p		44.	
a p		45.	
a p		46.	
a p		47.	
a p		48.	

[illegible]

REVIEW

6. Now let's see if I have everything. I'd like you to try to remember anything else (you/NAME) ate or drank yesterday, that you haven't already told me about, including anything (you/NAME) ate or drank while preparing a meal or while waiting to eat.

6a. Did (you/NAME) have anything to eat or drink between midnight yesterday and (your/NAME'S) (TIME) (FIRST OCCASION) ?

6b. Now at (TIME) for (THIS OCCASION) (you/NAME) had (FOODS), did (you/NAME) have anything else?

6c. Did (you/NAME) have anything to eat or drink between (your/NAME's) (TIME) (THIS OCCASION) and (TIME) when (you/NAME) had (NEXT OCCASION)?

REPEAT 6b AND 6c FOR EACH OCCASION EXCEPT LAST OCCASION.
FOR LAST OCCASION, GO TO 6d.

6d. Now at (TIME) for (LAST OCCASION) (you/NAME) had (FOODS), did (you/NAME) have anything else?

6e. Did (you/NAME) have anything to eat or drink after (your/NAME's) (TIME) (LAST OCCASION) but before midnight last night?

Now let's go back to the beginning of the day and find out where (you/NAME), or other people who live here, obtained the food (you/NAME) ate and where (you/NAME) ate it.

7. (Looking at this card) Where did (you/NAME) obtain (THIS FOOD/MOST OF THE INGREDIENTS FOR THIS FOOD)?

HAND
CARD
I3

01 STORE, SUCH AS

SUPERMARKET, GROCERY STORE,
OR WAREHOUSE, CONVENIENCE
STORE, DRUG STORE, OR
GAS STATION

SPECIALTY STORE SUCH AS BAKERY,
DELI, SEAFOOD, ETHNIC FOOD,
HEALTH FOOD

COMMISSARY
PRODUCE STAND OR FARMER'S
MARKET

02 RESTAURANT WITH WAITER/WAITRESS
SERVICE

03 FAST FOOD PLACE, PIZZA PLACE

04 BAR, TAVERN, LOUNGE

05 SCHOOL CAFETERIA

06 OTHER CAFETERIA

07 VENDING MACHINE

08 CHILD CARE CENTER, FAMILY DAY
CARE HOME, ADULT DAY CARE

09 SOUP KITCHEN, SHELTER, FOOD PANTRY

10 MEALS ON WHEELS

11 OTHER COMMUNITY FOOD PROGRAM

12 GROWN OR CAUGHT BY YOU OR SOMEONE
YOU KNOW

IF FISH OR SEAFOOD, ASK: Did it come from a...

71 Freshwater lake, pond, or river

72 The ocean, or

73 A bay, sound, or estuary?

74 DON'T KNOW BODY OF WATER

13 SOMEONE ELSE/GIFT

SOME OTHER PLACE (PLEASE DESCRIBE)

14 MAIL ORDER PURCHASE

15 COMMON COFFEE POT OR
SNACK TRAY

16 RESIDENTIAL DINING FACILITY

17 OTHER (SPECIFY)

98 DON'T KNOW

8. Did (you/NAME) (eat/drink) this (FOOD) at your home?

IF YES, GO BACK TO Q7 FOR NEXT FOOD.
IF NO, GO TO Q9.

9. Before (you/NAME) (ate/drank) this particular (FOOD), was it ever at your home?

REPEAT Q7-9 FOR EACH FOOD.

10. Was the amount of food that (you/NAME) ate yesterday about usual, less than usual, or more than usual?

USUAL 1 (Q13)
 LESS THAN USUAL 2 (Q11)
 MORE THAN USUAL 3 (Q12)

11. What is the main reason the amount (you/NAME) ate yesterday was less than usual?

SICKNESS 01
 SHORT OF MONEY 02
 TRAVELING 03
 AT A SOCIAL OCCASION OR
 ON A SPECIAL DAY 04
 ON VACATION 05
 TOO BUSY 06
 NOT HUNGRY 07
 DIETING 08
 FASTING 09
 BORED OR STRESSED 10
 SOME OTHER REASON (SPECIFY) 11

(Q13)

_____ |__|__|

12. What is the main reason the amount (you/NAME) ate yesterday was more than usual?

TRAVELING 1
 AT A SOCIAL OCCASION OR
 ON A SPECIAL DAY 2
 ON VACATION 3
 VERY HUNGRY 4
 BORED OR STRESSED 5
 SOME OTHER REASON 6
 (SPECIFY) _____

|__|__|

HAND
CARD
15

Now I'd like you to think about all of the plain drinking water that (you/NAME) had yesterday, regardless of where (you/he/she) drank it. By plain drinking water, I mean tap water or any bottled water that is not carbonated, with nothing added to it, not even lemon.

13. How many fluid ounces of plain drinking water did (you/he/she) drink yesterday?

|__|__|__|
 FLUID OUNCES

NONE 000 (Q16)

14. How much of this plain drinking water came from your home? Would you say all, most, some, or none?

ALL 1 (Q16)
 MOST 2
 SOME 3
 NONE 4

15. What was the main source of plain drinking water that did not come from your home? Was it tap water, water from a drinking fountain, bottled water, or something else?

TAP WATER AND/OR DRINKING FOUNTAIN 1
 BOTTLED WATER 2
 OTHER SOURCE 3
 (SPECIFY) _____
 DON'T KNOW 8

16. How many hours did (you/NAME) watch television or videotapes yesterday?

|_|_|_|
 # OF HOURS

17. During the past 12 months, that is, since last (NAME OF MONTH), (have you/has NAME) eaten any (FOOD) in any form?

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Artichokes	1	2	Grapefruit, other than juice	1	2
Asparagus	1	2	Cantaloupe	1	2
Broccoli	1	2	Honeydew melon	1	2
Brussels sprouts	1	2	Watermelon	1	2
Cauliflower	1	2	Nectarines	1	2
Eggplant	1	2	Pears	1	2
Kale	1	2	Plums	1	2
Swiss chard	1	2	Rhubarb	1	2
Okra	1	2	Chicken liver	1	2
Spinach	1	2	Beef, veal or pork liver	1	2
Summer squash (thin skin)	1	2	Lamb	1	2
Winter squash (hard skin)	1	2	Shellfish	1	2
Sweet potato or yams	1	2	Fish, other than shellfish		
Turnips, other than greens	1	2	or canned fish	1	2
Avocado or guacamole	1	2	IF YES: Was any of the		
			fish you ate caught by		
			you or someone you know?	1	2

THANK RESPONDENT

CODER USE ONLY.
 QLST: |_|_|

TIME ENDED _____ AM
 PM

INTERVIEWER OBSERVATION FORM

[DO NOT READ THESE QUESTIONS TO THE RESPONDENT.]

A. WHO WAS THE MAIN RESPONDENT FOR THIS INTERVIEW?

SAMPLE PERSON 01
 MOTHER OF SAMPLE PERSON 02
 FATHER OF SAMPLE PERSON 03
 WIFE OF SAMPLE PERSON 04
 HUSBAND OF SAMPLE PERSON 05
 DAUGHTER OF SAMPLE PERSON 06
 SON OF SAMPLE PERSON 07
 SISTER OF SAMPLE PERSON 08
 BROTHER OF SAMPLE PERSON 09
 GRANDPARENT OF SAMPLE PERSON 10
 AUNT OF SAMPLE PERSON 11
 UNCLE OF SAMPLE PERSON 12
 SOMEONE ELSE (SPECIFY) 13

|_|_|

B. WHO ELSE HELPED IN RESPONDING FOR THIS INTERVIEW? (CIRCLE ALL THAT APPLY)

NO ONE 00
 SAMPLE PERSON 01
 MOTHER OF SAMPLE PERSON 02
 FATHER OF SAMPLE PERSON 03
 WIFE OF SAMPLE PERSON 04
 HUSBAND OF SAMPLE PERSON 05
 DAUGHTER OF SAMPLE PERSON 06
 SON OF SAMPLE PERSON 07
 SISTER OF SAMPLE PERSON 08
 BROTHER OF SAMPLE PERSON 09
 GRANDPARENT OF SAMPLE PERSON 10
 AUNT OF SAMPLE PERSON 11
 UNCLE OF SAMPLE PERSON 12
 SOMEONE ELSE (SPECIFY) - OTHER
 THAN INTERVIEWER 13

|_|_|

|_|_|

|_|_|

C. DID YOU OR THE RESPONDENT HAVE DIFFICULTY WITH THIS INTAKE INTERVIEW?

YES 1
 NO 2 (QF)

D. WHAT WAS THE REASON FOR THIS DIFFICULTY?

BOX 4 AND QUESTION E NOT ASKED FOR DAY 2.

F. IS DATA RETRIEVAL NECESSARY FOR DAYCARE/BABY-SITTER/SCHOOL/OR OTHER CARETAKER?

YES 1
NO 2

[IF YES, RECORD SOURCE INFORMATION ON FOLLOW-UP CALL RECORD ON HOUSEHOLD FOLDER.]

what we eat in **AMERICA** 1994-96

WHAT WE EAT IN AMERICA: 1994-1996
CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS

Conducted for:

United States Department of Agriculture

Conducted by:

Westat
1650 Research Blvd.
Rockville, MD 20850